

EXHIBIT A

AO 440 (Rev. 12/09) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

District of Virgin Islands - St. C

MING YANG, INDIVIDUALLY AND ON BEHALF OF
ALL OTHERS SIMILARLY SITUATED

Plaintiff

v.

TIBET PHARMACEUTICALS, INC., ET. AL.

Defendant

Civil Action No.

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* MOSSACK, FONSECA & CO. (B.V.I.) LTD. Resident Agent for
TIBET PHARMACEUTICALS, INC
AKARA BLDG., 24 DE CASTRO STREET
WICKHAMS CAY 1
ROAD TOWN, TORTOLA, BVI

A lawsuit has been filed against you.

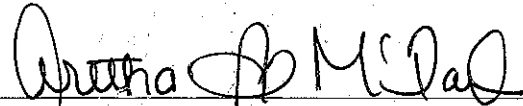
Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

GLENDALAKE, ESQ.
CLERK OF COURT

Date:

June 6, 2012


Signature of Clerk or Deputy Clerk

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Civil Action No. _____

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) Mossack, Fonseca & Co (BVI)
 was received by me on (date) _____.

☐ I personally served the summons on the individual at (place) _____
 on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
 _____, a person of suitable age and discretion who resides there,
 on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
 designated by law to accept service of process on behalf of (name of organization) _____
 on (date) _____; or

☐ I returned the summons unexecuted because _____; or

☒ Other (specify):

Submitted to U.S.P.S. for Registered Mail Proof of Service.

Receipt returned evidencing delivery to Defendant

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____ 0.00.

I declare under penalty of perjury that this information is true.

Date:

8/10/12


 Server's signature

Lawrence Rosen

Printed name and title

Attorney

275 Madison Ave, 34th Floor, NY, NY 10016

Server's address

Additional information regarding attempted service, etc:



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Administration
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(air or surface
mail), a discount
and postage free.
The sender completes and indicates the address for the return of this receipt.
(A remplir par l'expéditeur, qui indiquera son adresse pour le renvoi du présent avis.)

Name or Firm (Nom ou raison sociale)

Lawrence Rosen, The Rosen Law Firm, P.A.

275 Madison Avenue 34th Floor

Street and Number (Rue et no.)
New York, NY 10016
City, State, and ZIP + 4® (Localité et code postal)

en franchise de
port.

UNITED STATES OF AMERICA

Etats-Unis d'Amérique

PS Form 2865, March 2007

Avis de réception

CN07 (Old C5)

Completed by the office of origin.
(A remplir par le bureau d'origine.)

Completed at destination.
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Item Description
(Nature de l'envoi)
☐ Registered Article (Envoi recommandé)
☐ Letter (Lettre)
☒ Printed Matter (Imprimé)
☐ Other (Autre)
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Insured Parcel
(Collis avec valeur déclarée)
RE 895 758 395 US

Office of Mailing (Bureau de dépôt)
Date of Posting (Date de dépôt)

Mossack Fonseca & Co. (BVI)
Address Name of Firm (Nom ou raison sociale du destinataire)

Atten: Building 24 De Castro Street
Street and No. (Rue et No.)

Wickhams Cay 1

Place and Country (Localité et pays)
Bridgetown, Barbuda British Virgin Islands

This receipt must be signed by: (1) the addressee, or (2) a person authorized to sign under the regulations of the country of destination, or (3) if the destination is the office of the sender, by the employee of the office of destination. This signed form will be returned to the sender by the first mail.
(Cet avis doit être signé par le destinataire ou par une personne y autorisée en vertu des règlements du pays de destination, ou, si ces règlements le compoient, par l'agent du bureau de destination, et renvoyé par le premier courrier directement à l'expéditeur.)

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Office of Destination Employee Signature (Signature de l'agent du bureau de destination)



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Date Stamp

REF95758395US		0010	
To Be Completed By Post Office	Reg. Fee	\$11.75	
	Handling Charge	\$0.00	Return Receipt \$2.35
	Postage	\$16.95	Restricted Delivery \$0.00
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	Customer Must Declare Full Value \$0.00		
Domestic Insurance up to \$25,000 is included based upon the declared value. International Indemnity is limited. (See Reverse).			
OFFICIAL USE			
To Be Completed By Customer (Please Print) All Entries Must Be in Ballpoint or Typed	FROM	Laurence Rosen The Rosen Law Firm, P.A. 275 Madison Avenue 34th Fl. New York, NY 10016 M. Brinsky, Trustee (C.V.I.)	
	TO	Akara Building 24 De Castro Street Wickhams Cay I Road Town, Tortola, British Virgin Islands	

PS Form 3806, **Receipt for Registered Mail** Copy 1 - Customer
 May 2007 (7530-02-000-9051) (See Information on Reverse)
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3558250010-0086

06/07/2012 (800)275-8777 12:15:37 PM

Sales Receipt			
Product Description	Sale Unit Qty	Price	Final Price
British Virgin Islands - Priority Mail Flat Rate Env	4.30 oz.		\$16.95
Return Receipt Registered			\$2.35
Insured Value :		\$0.00	\$11.75
Article Value :		\$0.00	
Label #:	RE895758395US		

Issue PVI: \$31.05

Total: \$31.05

Paid by:

VISA \$31.05

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Approval #: 06089G

Transaction #: 417

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